

3 and 4. Put, your address in the "RETURN TO" Sp. from being returned to you. The return rece the date of delivery. For additional fees the and check box(es) for additional service(s) 1. □ Show to whom delivered, date, a (Fatra charge)	ipt fee will provide following service requested.	e side. Failure to do this will prevent this card le you the name of the person delivered to and ses are available. Consult postmaster for fees address. 2. Restricted Delivery (Extra charge)
3. Article Addressed to: JIM NOLAN		4. Article Number P1103259
PSATCA 200 M MERCER ST ROOM 205		Type of Service: Registered Insured Certified COD Express Mail Receipt
SEATTLE WA 98119-3958	25	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee X 6. Signature – Agent		8. Addressee's Address (ONLY if requested and fee paid)
X 7. Date of Delivery / 17		
9-11		

B-DUW2-2457868